



Case Review

By James J. Augustine, MD, FACEP

Potty Mouth

A curious toddler prompts a call for poison control information

“EMS providers should have either the local or their national phone number available.”

Sunday mid-morning has Attack One responding to a call for a “child poisoned” at an unusual site. The call location is a physician office building and surgery center. No car is present in the parking lot, but when the crew knocks on the door, a female physician answers.

“My child ate a toilet brick,” reports the doctor, who appears both rattled and irritated. “I can’t find anyone to help me.”

The child, although shy and hiding behind her mother’s leg, looks fine. She’s in no distress, and is having no problem following her mom, who turns and walks down the hallway at a brisk pace as she gives the rest of the history.

“My daughter and I get dropped off every Sunday morning here at the office so I can do some work,” she says. “This morning she decides to go in the bathroom and eat the toilet deodorizer. I wouldn’t have known she did it, but I smelled something funny on her breath. She told me she ate something, so I followed her into the bathroom, she showed me this, with a bite out of it, and I can’t get any information about it. The janitor’s room is locked up. I don’t know how to get a poison control center. I can’t find our pediatrician, and my husband has our car and is in surgery. That’s why I called 9-1-1.”

The toilet deodorizer is a colorful object, striped blue and white, with a bite mark the approximate shape of the child’s teeth. The child’s breath smells exactly like the deodorizer. There are no marks on her lips or mouth, no signs of irritation to the gums or teeth, and she is swallowing fine. Her vital signs and assessment are completely normal.

“We can contact poison control, no problem,” the Attack One paramedic says, “but they’ll want an identifier on the deodorizer. Can you help us find the box it came from?”

The surgeon has no specific ideas about where this might be. The group goes into the women’s restroom. The mother had found the deodorizer in the trash, where the child had placed it after taking the bite. There are no boxes of the product in the bathroom. The detective work continues with the group going from janitor room to janitor room, sometimes having to slip the locks open, until they finally find the room that has the box with the bright-colored bars in it.

“Can we *not* show this room to the child,” mom asks nicely, “so she won’t think this is where she can come for lunch?” The humor is appreciated by all.

The paramedic takes identifying information from the box:

Initial Assessment

A 5-year-old female in no distress.

Airway: Patent, but with the smell of the toilet cleaner.

Breathing: No distress.

Circulation: Normal capillary refill, pink skin.

Disability: Normal child behavior, no deficits.

Exposure of Other Major Problems: None found.

Vital Signs

Time	HR	RR	Pulse Ox.
1015	110	20	98%
1025	92	20	98%
1033	88	20	98%

AMPLE Assessment

Allergies: None.

Medications: Over-the-counter cold medication.

Past Medical History: No prior problems. Child is up to date for her age on immunizations.

Last Intake: Breakfast two hours ago.

Event: Child took a bite of a substance that’s a potential poison.

product, manufacturer, lot number, expiration date. He punches a cell phone memory button that connects him immediately to poison control.

“What is the number you call?” the surgeon asks. “I couldn’t find it.”

“The phone number is 800/222-1222,” the crew’s EMT tells her. “It’s a telephone number for every poison center in the United States. It is available 24 hours a day, 365 days a year, and will put us in contact with a poison expert.”

The paramedic is quickly connected to such an expert at the local poison control center. The paramedic gives a brief clinical summary about the patient, and information is exchanged regarding the product. The center’s database has information on the toilet deodorizer readily available. It is not toxic, and no treatment or transport will be needed. The paramedic offers the phone to the mother, who confirms the information. The call takes about eight minutes and leaves the mother reassured.

Taking the opportunity for a little reinforcement of the

Customer Service Opportunity

Toddlers are extraordinarily adept at finding dangerous opportunities around them. They also have a propensity to put unknown objects in their mouths. Their taste perception is very different from adults’. EMTs providing service in homes where toddlers are present can observe all kinds of dangers to the children and other occupants. If providers can offer household adults a few ideas on safety measures, it may prevent later tragedies. Simple observations, like the presence of hazardous chemicals in unlocked ground-level cabinets, can alert adults that a terrible poisoning event could occur if their little ones discover they can open those doors.

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EMS EXPO

Jim Augustine is a featured speaker at EMS EXPO, October 26–30, Georgia World Congress Center, Atlanta, GA.

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motherly message, the paramedic tells the child she could have become terribly sick and needed to go to the hospital, and asks that she only put things in her mouth that have been given to her by her parents.

As they pack up their gear to return to service, the crew finds some poison control stickers from a prior public education event and gives them to the mother for her home and work site. The mother appreciates the concern shown for her child and the expertise in dealing with a crisis event.

Case Discussion

There are a variety of community resources that can benefit EMS providers and their patients. The national network of poison control centers is one of them. In the United States, there are centers available with local 10-digit numbers, or through a single toll-free 800 access number. In Canada, each province has a separate access number, but the centers are equally accessible to healthcare providers and the lay public. EMS providers should have either their local or the national phone number available. Poison control centers are frequent supporters of community training programs, and most have small stickers or refrigerator magnets that can be distributed at EMS public education events.

From a landline, a call to the universal U.S. access number, 800/222-1222, is automatically routed to the poison center for

Learning Point: Poison control is a valuable healthcare asset that's available in every corner of America. All EMS units should have the universal contact number available and utilize it for guidance on poisoning and hazardous-materials cases.

the local zip code. A cell phone call is usually connected to the poison center in its home area. Either can provide assistance. Typically calls are answered by trained call-takers who refer callers to appropriate experts. If necessary, on-call toxicology physicians can provide clinical guidance. Some communities use this resource for hazardous-materials events as well as consumer-related accidental or intentional poisonings.

Poison control centers provide service to consumers in all languages, and guidance to hospitals, EMS personnel and community medical providers with extraordinary expertise. This case demonstrates the utility of using this service for timely guidance on assessment, treatment and transportation. A very large percentage of calls for home poisonings are managed without the need for activating EMS or going to the hospital. ■

James J. Augustine, MD, FACEP, is deputy chief-assistant medical director for Washington, DC, Fire and EMS and a member of EMS Magazine's editorial advisory board. Contact him at jaugustine@emp.com.

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AUTO INJECTOR TYPE ☐ 1 ☐ 2 ☐ 3

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VITAL SIGNS

Time	B/P	Pulse	Respiration

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